

**TRAVEL EXPENSE CLAIM**

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV. 10/92)

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CLAIMANT'S NAME Victoria Bradshaw		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Cabinet Secretary		CB/ID NUMBER		DIVISION OR BUREAU Cabinet	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
		CITY Sacramento		STATE CA	
				ZIP 95814	

MONTH/YEAR Apr-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
										MILES	AMOUNT			
30-Apr	3:00pm	Sac - San Jose								240	106.80		106.80	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	240	106.80	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$106.80		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Spoke at the Silicon Valley Women's Leadership Group dinner.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240505

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

5.4.09

SIGNATURE OF OFFICER APPROVING TRAVEL EXPENSES

DATE

5/12/09

DATE